COLUMBUS NURSING REHABILITATION CENTER

825 WESTERN AVE

COLUMBUS 53925 Phone: (920) 623-2520		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	97	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	64	Average Daily Census:	72

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups	8	Less Than 1 Year 1 - 4 Years	34.4 39.1			
Developmental Disabilities	0.0	Under 65	9.4	More Than 4 Years	26.6			
Mental Illness (Org./Psy)	23.4	65 - 74	10.9					
Mental Illness (Other)	0.0	75 - 84	35.9		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	37.5					
Para-, Quadra-, Hemiplegic	3.1	95 & Over	6.3	Full-Time Equivalent				
Cancer	3.1			Nursing Staff per 100 Residents				
Fractures	1.6		100.0	(12/31/05)				
Cardiovascular	12.5	65 & Over	90.6					
Cerebrovascular	3.1			RNs	13.1			
Diabetes	12.5	Gender	%	LPNs	14.0			
Respiratory	1.6			Nursing Assistants,				
Other Medical Conditions	39.1	Male	31.3	Aides, & Orderlies	43.8			
		Female	68.8					
	100.0			İ				
		İ	100.0	į				

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay			Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Tota Resi- dent	- Of
Int. Skilled Care	0	0.0	0	2	3.9	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.1
Skilled Care	5	100.0	368	49	96.1	125	0	0.0	0	7	100.0	182	0	0.0	0	1	100.0	331	62	96.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		51	100.0		0	0.0		7	100.0		0	0.0		1	100.0		64	100.0

************************************ Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05 ______ Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of % Assistance of % Totally Number of 10.9 Daily Living (ADL) Independent One Or Two Staff Private Home/No Home Health Dependent Residents Private Home/With Home Health 0.0 Bathing 81.3 18.8 64 0.0 76.6 Other Nursing Homes 3.4 Dressing 7.8 15.6 14.1 64 Acute Care Hospitals 59.4 26.6 81.0 | Transferring Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 14.1 70.3 15.6 64 Rehabilitation Hospitals 0.0 Eating 73.4 4.7 21.9 Other Locations 174 Total Number of Admissions 용 Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter 9.4 Receiving Respiratory Care 6.3 Private Home/No Home Health Receiving Tracheostomy Care 30.1 Occ/Freg. Incontinent of Bladder 92.2 0.0 92.2 Private Home/With Home Health 1.0 Occ/Freq. Incontinent of Bowel Receiving Suctioning 0.0 Other Nursing Homes 10.9 Receiving Ostomy Care 3.1 35.2 | Mobility Acute Care Hospitals Receiving Tube Feeding 0.0 Psych. Hosp.-MR/DD Facilities 0.0 | Physically Restrained 0.0 Receiving Mechanically Altered Diets 42.2 Rehabilitation Hospitals 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics Deaths 22.8 | With Pressure Sores 1.6 Have Advance Directives 100.0 With Rashes Medications Total Number of Discharges 0.0 (Including Deaths) 193 Receiving Psychoactive Drugs 23.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership:			Size:	Lic	ensure:					
	This	Pro	prietary	50	-99	Ski	lled	Al	1			
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Onnumer Paket Brancos Pails Consus (Tinongod Pade	74.0	06.0	0.85	0.0 1	0 04	00.2	0.04	0.0 1	0.04			
Occupancy Rate: Average Daily Census/Licensed Beds	74.2	86.8		88.1	0.84	88.3	0.84	88.1	0.84			
Current Residents from In-County	50.0	76.7	0.65	73.2	0.68	70.5	0.71	77.6	0.64			
Admissions from In-County, Still Residing	5.7	16.9	0.34	17.1	0.34	20.5	0.28	18.1	0.32			
Admissions/Average Daily Census	241.7	168.8	1.43	157.6	1.53	123.5	1.96	162.3	1.49			
Discharges/Average Daily Census	268.1	172.6	1.55	161.4	1.66	126.7	2.12	165.1	1.62			
Discharges To Private Residence/Average Daily Census	83.3	69.5	1.20	63.4	1.31	50.1	1.66	74.8	1.11			
Residents Receiving Skilled Care	100	95.0	1.05	96.2	1.04	94.1	1.06	92.1	1.09			
Residents Aged 65 and Older	90.6	92.7	0.98	93.7	0.97	92.5	0.98	88.4	1.03			
Title 19 (Medicaid) Funded Residents	79.7	67.3	1.18	68.3	1.17	70.2	1.13	65.3	1.22			
Private Pay Funded Residents	10.9	18.0	0.61	20.2	0.54	19.0	0.57	20.2	0.54			
Developmentally Disabled Residents	0.0	0.6	0.00	0.6	0.00	0.5	0.00	5.0	0.00			
Mentally Ill Residents	23.4	29.4	0.80	34.6	0.68	37.2	0.63	32.9	0.71			
General Medical Service Residents	39.1	28.0	1.39	24.3	1.61	23.8	1.64	22.8	1.72			
Impaired ADL (Mean)	49.4	48.0	1.03	49.5	1.00	47.2	1.05	49.2	1.00			
Psychological Problems	23.4	53.5	0.44	58.5	0.40	58.9	0.40	58.5	0.40			
	6.6	6.8	0.98	6.5	1.03	7.1	0.93	7.4	0.40			
Nursing Care Required (Mean)	0.0	0.8	0.98	0.5	1.03	7.1	0.93	7.4	0.09			